



## Consent to membership Organisational Associate Member

Section 120(1) Corporations Act 2001 (Cth)

This form is used by an organisation in application for Associate Membership of Autism SA. Please complete and return with payment to Autism SA at the mailing address below. The application will be considered by the Board of Director in accordance with the Autism SA Membership policy.

To apply for membership for yourself, please complete the Ordinary Member or Personal Associate Member form.

### Member details

Organisation				<input type="checkbox"/> Please tick this box if you do not wish to receive regular updates via email
Contact person				
Position				
Email				
Telephone	Mobile	Work	Fax	
Street address				
	Postcode		State	
Postal address (If different from above)				
	Postcode		State	

### Authorisation

- I consent to and request that Autism SA appoint the organisation named above as an Associate Member of the Autism Association of South Australia and certify that I am authorised by the organisation to give this consent.
- I understand that an annual fee is payable.

This application is unconditional, and I authorise Autism SA to register the organisation named above as an Associate Member and agree to be bound by its Constitution. I understand that by agreeing to be an Associate Member of Autism SA I also provide a guarantee of \$1.00 in respect of the membership which only needs to be paid in the event of the company winding up.

I will notify Autism SA in writing of any change to the above details within one month of the change.

Signature of authorised person	Date
Print name	

**Privacy statement:** Your privacy is important to us and we are committed to the ethical collection and handling of your personal details. We will keep you informed of our activities, but if you do not wish to be contacted in the future, please tick the box above and return this form to us.



**Payment details**

<b>Organisational Associate Membership (inc. GST)</b>	<b>\$ 88.00</b>
I would like to make an <i>optional</i> tax-deductible gift	\$
<b>TOTAL</b>	<b>\$</b>

I would like to pay by

- Cheque (enclosed)
- Money order (enclosed)
- Invoice (Autism SA will send an invoice to the nominated contact listed above. Once the invoice has been paid, the membership application can be considered.)
- Credit card (provide details below)

- Visa
- Mastercard

Full name on card

Expiry / CVV

Card number:

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